



Culture of Caring

LIVING OUR MISSION AND VALUES

**TESTIMONY OF
THE CHARLOTTE HUNGERFORD HOSPITAL
SUBMITTED TO THE
FINANCE, REVENUE AND BONDING COMMITTEE
Monday, March 9, 2015**

SB 946, An Act Concerning Revenue Items To Implement The Governor's Budget

Good Afternoon Members of the Finance, Revenue and Bonding Committee. For the record, my name is Patty Sullivan and I am the Administrative Director for Ancillary Services at Charlotte Hungerford Hospital. I am here to speak to you about the proposed state budget's impacts on state hospitals, and in particular the clinical services I and my staff so proudly deliver each and every day.

For the last few years, as CHH has adjusted to the financial pressures emanating from both Washington and Hartford, I have seen the complexion of health service in Northwest CT change – and not for the better. I have felt, and seen in other parts of the hospital, a tremendous strain to not let go of what makes us great, to meet the needs of those we serve, but also assure our financial survivability by accommodating harmful reductions in reimbursement for care.

This unhealthy strain has had direct impacts on essential services, staffing and staffing levels, and increased pressure on physicians to reduce prescribing newer, potentially more effective therapies for our patients. And, as much as it pains me, these dynamics combine to decrease our ability to provide quality care to our deserving patients, some of whom are your family members.

This unhealthy strain has also made a hard job harder by making the maintenance of patient safety and compliance with regulatory clinical standards more difficult. It has, despite my best efforts as a Manager to the contrary, created a constant fear or uncertainty of layoffs. Each day I now work to assure that this increasing stress to the caregiver is minimized. This takes more of my time today than at any other point in my career.

This unhealthy strain is also playing out in a hospital setting where patients whom already feel anxious over their illness and diminished spirits. Our job is to reduce their anxiety, but again a hard job is being made harder as caregivers feel anxious themselves. As much as it pains me, this negative force impacts the healing and recovery of the patients we care for.

This unhealthy strain has also had a direct impact on the scope and availability of outpatient services. Reduction/elimination of programs needed for elderly, children, chronically ill populations, and our entire community's health has been impacted, and will continue to be impacted should further cuts be made.

And, finally, from a clinical advocacy perspective, the need for care is hardly waning. As the population we serve in NWCT ages, demand for services is up in many respects. I do not want to imagine what further cutbacks would mean for my patients. I feel

a professional and personal obligation to advocate for quality, compassionate, cost effective healthcare. And that is why I am before you this evening – to assure the complexion of health services is not further eroded leaving our patient population with something less than they need and deserve.

Thank you for listening and for your consideration of my testimony. I appreciate that each of you have a hard job as well, and that the weight of your decisions are great. I wish you wisdom and courage.